FORT ATKINSON SUBACUTE CARE CENTER

611 SHERMAN AVENUE EAST

FORT ATKINSON 53538 Phone: (920) 568-5200		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	28	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	28	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/03:	22	Average Daily Census:	18

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io	Primary Diagnosis	%	Age Groups	용	Less Than 1 Year	0.0
Io I					•	0.0
Io	Mental Illness (Org./Psy)	0.0	65 - 74	9.1		
Io	Mental Illness (Other)	0.0	75 - 84	31.8	I	0.0
Io	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	*********	*****
10	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.5	Full-Time Equivalent	
Io	Cancer	4.5			Nursing Staff per 100 Resi	dents
Io	Fractures	22.7		100.0	(12/31/03)	
Io	Cardiovascular	18.2	65 & Over	90.9		
Io	Cerebrovascular	4.5			RNs	40.9
Io	Diabetes	0.0	Gender	용	LPNs	23.9
Io	Respiratory	4.5			Nursing Assistants,	
- 1	Other Medical Conditions	45.5	Male	27.3	Aides, & Orderlies	46.1
Io			Female	72.7		
- 1		100.0				
10				100.0	I	
		O Primary Diagnosis O O Developmental Disabilities O Mental Illness (Org./Psy) O Mental Illness (Other) O Alcohol & Other Drug Abuse O Para-, Quadra-, Hemiplegic O Cancer O Fractures O Cardiovascular O Cerebrovascular O Diabetes O Respiratory O Other Medical Conditions O	O Primary Diagnosis % O	O Primary Diagnosis	O Primary Diagnosis	1 - 4 Years 1 - 1 Years 1 - 4 Years

Method of Reimbursement

		Medicare			dicaid tle 19			Other		P.	rivate Pay			amily Care			anaged Care			
Level of Care	No.	. %	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Tota: Resident	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	22	100.0	196	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	22	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		22	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	63.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	19.5	Bathing	0.0		100.0	0.0	22
Other Nursing Homes	2.8	Dressing	0.0		100.0	0.0	22
Acute Care Hospitals	3.1	Transferring	0.0		100.0	0.0	22
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	22
Rehabilitation Hospitals	0.0	Eating	95.5		4.5	0.0	22
Other Locations	11.1	******	******	*****	*****	******	******
otal Number of Admissions	323	Continence		용	Special Treatment	s	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	4.5	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	68.0	Occ/Freq. Incontiner	nt of Bladder	63.6	Receiving Track	neostomy Care	0.0
Private Home/With Home Health	10.7	Occ/Freq. Incontiner	nt of Bowel	13.6	Receiving Suct:	Loning	0.0
Other Nursing Homes	4.7				Receiving Ostor	ny Care	0.0
Acute Care Hospitals	7.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mecha	anically Altered Diets	4.5
Rehabilitation Hospitals	0.0						
Other Locations	8.2	Skin Care			Other Resident Ch	naracteristics	
Deaths	0.9	With Pressure Sores		4.5	Have Advance D	irectives	40.9
otal Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	319				Receiving Psych	noactive Drugs	22.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	I	ΑΤΤ
	Facility	Based Facilities		Fac	ilties
	용	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.3	90.1	0.71	87.4	0.74
Current Residents from In-County	86.4	83.8	1.03	76.7	1.13
Admissions from In-County, Still Residing	5.9	14.2	0.42	19.6	0.30
Admissions/Average Daily Census	1794.4	229.5	7.82	141.3	12.70
Discharges/Average Daily Census	1772.2	229.2	7.73	142.5	12.44
Discharges To Private Residence/Average Daily Census	1394.4	124.8	11.17	61.6	22.63
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	90.9	91.8	0.99	87.8	1.04
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	0.0	32.9	0.00	33.6	0.00
General Medical Service Residents	45.5	22.9	1.98	20.6	2.21
Impaired ADL (Mean)*	40.9	48.6	0.84	49.4	0.83
Psychological Problems	22.7	55.4	0.41	57.4	0.40
Nursing Care Required (Mean) *	1.1	7.0	0.16	7.3	0.16